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ANNUAL REPORT



OF THE

Chief Medical Officer

FOR THE YEAR

1944—45



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Chief Medical Officer's Office,
35 Broad Street, Bridgetown, 1.
11th September, 1945.

Sir,

I have the honour to submit for the information of His Excellency the Governor and the Legislature the Medical Report on the Health and Sanitary conditions of Barbados for the year 1944-45, with the appendices attached thereto.

I have the honour to be,
Sir,
Your obedient servant,

H. D. WEATHERHEAD,
Chief Medical Officer.

The Honourable,
The Colonial Secretary,
Barbados.

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PART I. GENERAL REMARKS.

The health of the Colony during the year under review was maintained at a level similar to that of recent years. An outbreak of epidemic cerebrospinal meningitis took place from the 22nd of December, 1944, to the 31st of March, 1945, but did not develop into a serious epidemic.

2. The nutritional state of the population did not deteriorate, in spite of war conditions, and this can be attributed to careful and wise planning on the part of those responsible for maintaining the food stocks, both local and imported.

3. The Colony was fortunate during the year in that several distinguished specialists paid visits for the purpose of investigating and giving advice on their particular subjects. Among these visitors may be mentioned Dr. W. S. Gilmour, who carried out a tuberculosis survey; Dr. B. S. Platt, who advises the Secretary of State on nutrition; Professor R. L. Khan, of the University of Michigan, of Kahn blood test fame; and the late Mr. R. C. Shannon, Entomologist, head of the Rockefeller Foundation Malarial Unit in Trinidad. These visits were all made possible by the Colonial Development and Welfare organisation set up in the West Indies by His Majesty's Government in Great Britain.

4. During the year, 3,600 men were recruited by the War Manpower Commission of the United States of America and proceeded to the U.S.A. to work in factories and on farms in connection with the harvesting and processing of food crops.

5. The medical examinations of these men imposed a heavy strain on the already inadequate staff of Government Medical Officers and it is obvious that if work of this kind becomes a regular additional duty, this will be another reason for increasing the staff of this Department.

6. *Staff.* Dr. H. D. Weatherhead, Senior Medical Officer, St. Lucia, Windward Islands, was transferred to Barbados as Chief Medical Officer and assumed duty on the 18th of June, 1944. In the interval between Dr. B. N. V. Wase-Bailey's transfer to Sierra Leone and the above appointment, Dr. F. N. Grannum, Sanitation Officer, acted as Chief Medical Officer.

The post of Port Health Officer continued to be filled by an acting part-time medical practitioner, Dr. A. G. Bancroft.

The two other whole-time government medical posts were held by Dr. W. S. Birch, Medical Superintendent of the Mental Hospital, and Dr. J. E. Walcott, Government Bacteriologist and Pathologist.

7. As will be seen from the above, the Government medical staff is extremely small and this creates grave difficulties for the administration in cases of illness, leave and emergencies. Further, much detailed clinical work of no public health importance is thrown on the Chief Medical Officer and Sanitation Officer due to this lack of staff and the fact that the General Hospital and the eleven parochial medical departments all work as separate units without any integration.

PART II. GENERAL AND COMMUNICABLE DISEASES.

8. Figures given in this part of the Report with regard to deaths, diseases and statistics refer to the calendar year 1944, unless otherwise indicated.

General Diseases.

9. *Cancer and other Tumours* accounted for 155 deaths, representing 4.64% of total deaths.

10. *Cerebral Haemorrhage, Embolism and Thrombosis* were given as the cause of death of 223 persons representing 6.67% of total deaths.

11. *Diseases of the Circulatory System* were responsible for 323 deaths or 9.67% of total deaths.

12. *Diseases of the Respiratory System* caused 323 deaths or 9.67% of total deaths. It should be noted that deaths due to pulmonary tuberculosis were not included in the above figures.

13. *Diseases of the Digestive System* produced 384 deaths or 11.49% of total deaths.

14. *Diseases of the Genito-Urinary System* accounted for 251 deaths, representing 7.51% of total deaths.

15. *Nutritional diseases* were responsible for fifty-four deaths or 1.61% of total deaths.

Communicable Diseases.

16. *Enteric Fever*:—Ninety-seven cases were reported during the year. This is a slight reduction on last year's figure of 102. There were twenty-two deaths giving a case mortality of 22.68% and representing .66% of the total deaths. Generally speaking the standard of sanitation, particularly in rural districts, is low. The cases occurred scattered throughout the Colony and were not of an explosive nature, thus indicating defects in sanitation and not contaminated water supplies. No community should be willing, in these advanced days of preventive medicine, to carry the burden of so many cases of enteric fever and it is to be hoped that the public will become conscious of the position and insist on early re-organisation of the public health services so that proper measures of control can be instituted.

17. *Tuberculosis*:—118 cases of tuberculosis were notified and of these only two were tuberculosis of organs other than the lungs. Dr. Gilmour's report was received during the year and consideration given to the various recommendations.

18. It is of interest to note that notifications since 1928 have always been less than deaths. This means that the notifications are not an accurate guide to the extent of the disease.

19. There were 127 deaths from tuberculosis, 117 pulmonary and ten non-pulmonary. All deaths from tuberculosis represented 3.8% of the total deaths. Dr. Gilmour, in the report referred to above, stated that the death rate from tuberculosis was not satisfactory, having in mind the good climatic conditions. He divided his recommendations for the control of this disease into general measures and special measures. Steps were taken under the former to implement the recommendations. Housing, for instance, received much attention. A very excellent survey of housing conditions in congested areas in the City of Bridgetown was carried out by the staff of the Housing Board with the advice and help of the architects on the staff of the Comptroller for Development and Welfare, and legislation in connection with housing and town and country planning was prepared for presentation to the Legislature.

20. Recommendations falling under the head "special measures" dealt with the provision of diagnostic and hospital facilities and the appointment of specially trained staff. It is the considered opinion of the Chief Medical Officer that these recommendations cannot be carried out unless and until the medical services generally are re-organised. The efficient control of disease cannot be accomplished in the absence of medical officers of health and public health nurses, and this is the position in Barbados.

21. *Dysentery*:—Fifteen deaths were reported during the year. No differentiation was made as to the type of the disease. It can be stated that fly-borne bacillary dysentery is clinically quite a common disease and that amoebic dysentery does occur but to a lesser extent.

22. *Diphtheria*:—Fourteen cases were notified as compared with eighteen for the previous year. Two deaths were reported.

23. A supply of alum precipitated diphtheria toxoid for active immunisation was obtained for the use of private practitioners. This disease could be completely eliminated by producing active immunity in the susceptibles among children but the organisation does not exist to enable this to be carried out and much educational work by health nurses and other public health personnel will be needed to make the public aware of the benefits of modern preventive medicine.

24. *Venereal Diseases*:—The five venereal diseases were seen, viz:—*Syphilis*, *Gonorrhoea*, *Granuloma Inguinale*, *Lympho-granuloma Venereum* and *Chancroid*. There were 220 deaths due to syphilis, of these 125 were under five years of age. Of these 125 deaths, ninety-eight were infants under one year of age. The number of deaths from syphilis represented 6.61% of the total deaths.

25. The above figures provide ample proof of the unsatisfactory state of the organisation provided for the control of these diseases. Lack of integration and sound control measures are again the cause of this state of affairs. Here again, medical officers of health and public health nurses must be appointed to form the basis of a satisfactory organisation. This lack of proper services not only affects Barbados, but also other countries, as epidemiological information which is constantly arriving from other sources cannot be investigated and the results applied to the eradication of the disease.

26. There are no figures for gonorrhœa, but it can be stated that the disease is very prevalent. The promiscuous use of the sulpha drugs is producing more and more sulpha-resistant cases. The new drug penicillin, which became available for general use during the year will fortunately prevent many persons from becoming permanent carriers.

27. *Leprosy* :— Three cases were notified and there were three deaths therefrom. An officer from the Leper Hospital was sent to the Leper Settlement in Trinidad for training under Dr. Ernest Muir's able direction. Many other steps were taken to improve conditions at the Leper Hospital. Attention was given to the legislation for the control of this disease with a view to introducing a modern Leprosy Act.

28. *Tetanus* :— This very distressing disease caused forty-two deaths, of which twenty-eight occurred in infants under one year. Tetanus is a preventable disease and could be completely eliminated by inoculation with tetanus toxoid. The high incidence in infants under one year illustrates the need for properly trained midwives and health nurses working in the districts under the supervision of medical officers of health. Under the present system of administering public health it is not possible to organise these services and until reorganisation takes place this appalling wastage of life and intense human suffering will continue.

29. *Cerebrospinal Meningitis* :— 119 cases were notified between the 22nd of December, 1944 and the 31st of March, 1945. During this period there were nineteen deaths giving a case mortality of 15.13%. These cases occurred following the return on the 17th of December, 1944 of 1,507 labourers from the United States of America. Three were actually suffering from the disease on arrival, having developed it on the transport. Cases of the disease had been occurring among the labourers at the camp at Fort Eustis in Virginia. The carrier rate among the returning 1,507 must have been quite high. The three developed cases were isolated immediately on arrival but it was entirely impossible to isolate the remainder owing to the large number and the fact that no notification whatever was received from the American Authorities or the transport that such a disease existed.

30. Steps were taken immediately to stop the spread of the disease. The disease was made notifiable and every person notified as suffering from the condition was effectively isolated, all articles in their households sterilised and the public warned of the danger of overcrowding. Legislation was brought into force without delay giving the Chief Medical Officer wide powers of control. In the fifth week of the outbreak (14th of January to 20th of January) there

was an indication of an upward trend in the notifications which reached eighteen. On the 16th of January it was therefore decided to apply more severe measures in connection with overcrowding as it was realised by the public that this was one of the chief means of control. Accordingly, an order was made by the General Board of Health prohibiting all forms of entertainment (cinemas, dancing halls, etc.) and the Chief Medical Officer was given power to order the dispersal of any collection of persons when he considered this necessary. During the next week the notifications dropped to seven and continued on a downward trend and on the 31st of March, 1945 (the end of the period under review in this Report) the disease was well under control. The order referred to above was rescinded on the 25th of February, 1945.

31. The disease followed its usual course and presented similar features to outbreaks in other countries. The 1,507 returned labourers were scattered throughout the Colony and cases occurred here and there with no obvious connection between them, there being no two cases in the same household. The metropolitan parish of St. Michael, as would be expected, returned the greatest number of cases, forty-three as compared with seventy-six for all other parishes. Although the disease did occur among the adult population in the higher age groups, by far the greatest numbers were reported as occurring among children and young adults. Conditions at the time of the outbreak were exceedingly favourable for rapid spread of the disease as during the latter half of December there is a drop in temperature which continues on to March of the following year and around Christmas and the New Year people crowd together for festivities much more than at other periods of the year.

32. The diagnosis of meningococcal meningitis was confirmed by lumbar puncture and bacteriological examination of the fluid in 90% of the cases. This figure is satisfactory in view of the limited facilities available in the Colony. Approximately half of the nineteen deaths occurred very early in the course of the disease and were the result of overwhelming infection, rapid unconsciousness ensuing, ending fatally; in some cases before medical aid could be administered. There were few sequelae and those that were encountered (deafness, mental haziness, temporary partial paralysis, stiffness) cleared up without producing serious disabilities. Sulphadiazine, in large doses to begin with and gradually reduced, was the main form of treatment. Penicillin, intrathecally, was exhibited in a few cases.

33. During the course of the outbreak frequent visits were made by medical officers of the United States Army and the British Army stationed in Trinidad for the purpose of conferring with the Chief Medical Officer. A gift of 25,000 sulphadiazine tablets was made by the United States authorities to the Colony and for this the Department was truly grateful. Special mention must be made of the excellent work carried out by the Parochial Medical Officers, private practitioners, bacteriologists, nurses and sanitary inspectors. To these officers the Island owes a debt of gratitude for their unflinching devotion to duty. The early eradication of the disease goes to prove the necessity for strong central control and co-operation between units when dealing with dangerous communicable diseases.

34. The following were the notifications for the period 17th of December, 1944 to 31st of March, 1945:—

	Metropolitan parish of St. Michael.	Other parishes.	Total.
1st Week	4	12	16
2nd „	5	13	18
3rd „	4	5	9
4th „	6	9	15
*5th „	3	15	18
6th „	0	7	7
7th „	7	2	9
8th „	6	1	7
9th „	1	0	1
10th „	4	0	4
†11th „	0	0	0
12th „	0	2	2
13th „	0	4	4
14th „	1	3	4
15th „	2	3	5
	—	—	—
	43	76	119

* Order made by General Board of Health on 16th of January, 1945.

† Order rescinded on 25th February, 1945.

35. *Malaria*:—No case of malaria was reported during the period under review. This Island possesses an enviable reputation for being free from malaria save for an epidemic which occurred in 1927 and 1928. The anopheline responsible for the outbreak was identified by Seagar as *anopheles albimanus* and Root concurred in the identification. Although malaria transmission ceased in 1928 anopheline breeding persisted until 1932. The year under review was a year of exceptional rainfall, not unlike 1927. If the anopheles still existed, conditions would have been favourable for another outbreak. The position was discussed with Sir Rupert Briercliffe, Medical Adviser to the Comptroller for Development and Welfare in the West Indies and he suggested that Mr. R. C. Shannon, Entomologist and head of the Malarial Control Unit in Trinidad should visit the Island to investigate the position in regard to anopheline breeding. Through the efforts of Sir Rupert Briercliffe, and under the auspices of Development and Welfare, Mr. Shannon and his Chief Sanitary Inspector, Mr. William Jurawan, visited Barbados and carried out an anopheles survey from the 14th to the 21st of December, 1944. It is with deep regret that it must be recorded that Mr. Shannon died soon after returning to Trinidad, but before leaving Barbados he assured the Chief Medical Officer that he had not discovered a single anopheline mosquito or larva. The following is the report of the Chief Sanitary Inspector, Mr. Jurawan, on the anopheles survey:—

Malariologist.

Malaria Division,
Port-of-Spain,
March 12, 1945.

The following Report on an *Anopheles* Survey of the Island of Barbados carried out by the late R. C. Shannon and myself from 14th to 21st December, 1944, is respectfully submitted:—

The Survey was begun soon after our arrival on the 14th.

1. *The Graeme Hall Swamp* at Christ Church was first investigated. Conditions were very favourable for *aquasalis* or *albimanus* breeding. The upper sections abounded in fresh water springs and drains with debris, grassy edges and stagnant collections of water. The lower sections with brackish water and mangroves were just suitable for mass breeding of *aquasalis* or *albimanus*. A very close search was made, *Culices* breeding was heavy but no *Anopheles* was found anywhere.

During the night heavy infestation of *Culices* was noticed in two houses at Worthing—*No adult anopheles* were found.

2. *The Brighton Swamp* on the West Coast, about two miles out of Bridgetown. Here also conditions were ideal. Seepage drains, ravine and ponds with algae, debris and grassy edges *showed no Anopheles* but few *Culices*.

3. *Spring Hall and St. Lucy Estate Ponds*, Ravine and depressions—again gave great hope for the presence of *Anopheles*. Here heavy breeding of *A. albimanus* was located in 1927 with its last appearance in 1932.

The centre of the St. Lucy pond was covered with lotus lilies algae, debris and the grassy edges induced a close search but with fruitless result. Heavy *Culices* breeding existed in the sections fouled by refuse and manure. This pond is never dry and receives its supply from the overflow of the Factory and springs.

The existing conditions were very favourable for *Anopheles aquasalis*, *albitarsis*, *trianulatus* and *albimanus*. None however were found. The mouth of the ravine, as well as the several pools in its course, were also *negative*.

4. *St. James*—the Haywood's shooting base and ponds were also very favourable for *Anopheles* breeding—open pools in the bulrushes and grass-grown seepage pools. *No Anopheles found*. Few *Culices*.

On the other side a large shooting brackish swamp—ideal—but proved free of *Anopheles* breeding.

At Porter's, an old shooting basin forming a brackish mangrove with carpet algae etc.,—very favourable but no breeding was found.

St. James was the first area where Malaria had broken out and *Anopheles* were found in 1927. Villages of Porter's, Mt. Standfast and Hometown were chiefly struck. A sloop trade with Cuba and this centre as the port seems to be considered the connecting link for the unfortunate situation.

Sandy Lane. An enclosed pond of fresh water with water lilies and grass grown edges. Suitable for *Aquasalis*, *albimanus*, *albitarsis* and *Darlingii*, was again found *negative*.

5. *St. Philip's Parish*. The Chancery Lane Swamp—physical conditions: sedges, rushes, algae, shallow grassy edges, clean seepage water were very favourable for *Anopheles* breeding but the area is windswept and the

ripples reduce chances of breeding except under very unusual circumstances. No *Anopheles* breeding was found anywhere, only a few *Culices*.

In the vicinity of the Bovell's Estate house several pit-holes and depressions with main drains containing stagnant water showed heavy *Culices* breeding but no *Anopheles*. The area is easily drained having good elevation and soakage.

The Dairy Vale (sic Fairy Valley) Pond was also found negative.

The Seawell Aerodrome area—There were few depressions with stagnant water breeding *Culices*. But again no *Anopheles*.

There was the possibility of *Aedes* in the eaves gutters as an adult was seen around. A sagged concrete drain near the Barracks and airport buildings bred *Culices*.

Ponds at Golden Grove, St. Philip, showed no *Anopheles* breeding though conditions were favourable—springs, irrigation supply and overflow to ponds on River Estate—all proved negative.

Grounds at Sam Lord's Castle—many artificial lily ponds were stocked with "millions"—No breeding of any kind.

7. *St. Andrew's Parish*. N.E. Windward side of the Island. This is a hilly area with loose clayey soil, easily washed and subject to landslides. A large area is drained by the Belle Plaine River with several tributaries. The mouth is known as "Long Pond." The river is heavily scoured and widens towards the sea but with fresh, not brackish, water. During the dry season it is possibly pooled and better adapted to breeding. No breeding of any kind was also observed here.

8. *St. Joseph's Parish*. Joe's River, Cattlewash and Bathsheba settlements on the coastal area.

Joe's River, flowing through a deep gorge and cascades, ends at Bathsheba. No breeding of any kind was here possible.

Frizers and Mellows area—inspected the watershed and source of Joe's River. Rainfall the chief source—causes heavy flushing over an upland course below Castle Grant.

The St. Andrew swamp with similar ideal conditions as others, examined—grass-grown edges, debris, algae, potomegeton etc., showed few *Culices* but no *Anopheles*.

9. *The Chapman Swamp*, this has been much improved by filling and a central channel. The water is slightly brackish but fairly foul. No breeding of *Anopheles* was possible.

The Graeme Hall Swamp. 66 acres, Estate of Mr. Clarke, was again examined in closer detail, with the same result as before. Any introduction of *Anopheles* will find a very suitable and prolific avenue for existence and invasion. From the very careful survey carried out it is evident that *Anopheles* have disappeared for many years now since 1932 and no species exist in any part of the Colony.

The possibility of introduction with the favourable conditions existing should however be carefully safeguarded.

We were greatly helped by the Medical Director, Dr. Weatherhead, and his Deputy, Dr. Grannum as well as Mr. Gibbons, Chief Sanitary Inspector and his assistant, Mr. Abrahams, and other members of the staff in carrying out the survey in so short a time. We are indebted for their valuable help.

Surveys by the Board of Health staff are periodically carried out. Control measures of cleaning and oiling are carefully undertaken by the Estate Owners at the request of the Parochial Authorities.

Our survey indicates that while *Anopheles* do not exist, conditions may be rendered much more unfavourable by an intensive programme in order to doubly ensure the unique distinction of an *Anopheles*-free Island. This is especially more necessary with the increasing Plane traffic from other Islands and countries less fortunate in this respect than Barbados.

(Sgd.) WILLIAM JURAWAN,
Chief Sanitary Inspector,
Malaria Division,
Trinidad and Tobago.

(NOTE: In paragraph 5 of this Report certain portions of Christ Church have been included in St. Philip's parish.)

36. As a result of this survey and report, measures were intensified to prevent the *anopheles* from being introduced into the Colony. On instructions from the Chief Medical Officer every schooner is disinfected before coming alongside. This procedure had for some time been carried out on small naval craft, but it was felt that schooners were, in many ways, more dangerous as possible carriers of *anopheles* mosquitoes. Steps were also taken to prevent the introduction of the *anopheles* at the airport.

PART III. VITAL STATISTICS.

37. The following are the principal vital statistical data for the calendar year ending the 31st of December, 1944.

Estimated population	....	....	....	203,529
Births registered	....	....	....	5,928
Birth rate per 1,000 of the population	....	....	....	29.13
Deaths registered	....	....	....	3,341
Death rate per 1,000 of the population	....	....	....	16.42
Infant mortality per 1,000 live births	....	....	....	171
Maternal mortality per 1,000 live births	....	....	....	5.9
0.3% of the causes of death were uncertified.				

38. Tables showing a summary of the causes of death in each parish and in age-groups for the whole Island are given as Appendices V and VI.

COMMENTS ON THE VITAL STATISTICS.

Population.

39. The estimated population of 203,529 showed an increase of 941 over that of 1943, representing a rise of .47%. A density of population of 1,226 persons to the square mile is undoubtedly high and in a small island of 166 square

miles is a matter for serious thought. It, however, would not be of much concern if federation of the West Indies became an accomplished fact and Barbados ceased to be an administrative unit on its own, for the excess of population could easily be absorbed by the other colonies. Apart from the above consideration the only other reasonable method of checking the increase in population would be the establishment of maternal and child health services. By this means planned parenthood clinics could be held and the infant deaths reduced, thus producing a lower birth rate.

Births and Birth-rates.

40. The number of births (5,928) was fifty-one in excess of the births recorded in 1943, and the birth rate rose by .12 per thousand of the population giving a birth rate of 29.13.

Deaths and Death-rates.

41. During the year 3,341 deaths were recorded, 237 more than in 1943. The death rate rose from 15.33 in 1943 to 16.42 in 1944. There is nothing significant in this increase in the death rate and minor fluctuations are likely to occur from year to year.

Infant Mortality and Maternal Mortality.

42. The infant mortality rate of 171 per thousand live births showed an increase of seven compared with the rate for 1943 which was 164. This high rate is not surprising in view of the lack of maternal and child welfare organisation. It portrays a serious wastage of human life and fixes the standard of social services at a low level. It is not in this way that the population can be limited, as the higher this rate rises, the higher the birth rate will rise. As already mentioned under the heading "Population" the correct procedure is to control both rates by establishing modern public health services. The maternal mortality rate of 5.9 per thousand live births is high compared with a country like Great Britain where the rate for 1944 was 2.30. However, bearing in mind local conditions the rate is not alarming although far from satisfactory.

PART IV. INSTITUTIONS.

The Barbados General Hospital.

43. The system of administration of the hospital remained the same as in previous years; that is, a Board of Directors, sixteen in number. Of the sixteen members of this Board no one has necessarily any knowledge of the work of administering a hospital and even of greater importance, no realisation, through lack of technical training, of the consequences of hospital policy on the general health services of a community. Until the policy of the hospital is correlated to that of an organised health service throughout the Colony there can be little hope of improvement in the health and conditions of the mass of the population. The appointment of a Medical Superintendent some years ago was a step in the right direction and would have produced good results if this post had been filled by a Government Officer under the general direction of the Chief Medical Officer.

44. Shortage of staff and increase in work created great difficulties during the year. In spite of these factors the actual surgical work was maintained at a satisfactory standard. The same cannot be said of medical work as there are no physicians as such on the staff of the hospital.

45. The main defects to be recorded are the complete lack of accommodation for obstetric cases; the absence of training facilities for midwives; the arrangements spread over a five-year period for training medical, surgical and general nurses; the low standard of accommodation provided in the general wards, apart from overcrowding; and the unsatisfactory internal discipline rendering frequent, lengthy discussions by the Board of Directors, on matters that should never have to be brought before such an administrative body.

46. A table showing the main causes of morbidity for which patients were treated at the hospital is given in Appendix VII. For details regarding staff, accommodation and expenditure recourse should be made to the Annual Report of the Institution.

The Mental Hospital.

47. This Institution continued to be efficiently administered by Dr. W. S. Birch, the Medical Superintendent. In spite of lack of staff the work has been maintained at a high level.

48. The average number of mental patients during the year was 750. The Institution was originally built for half that number, and although there have been additions to the main buildings, overcrowding is still a serious matter. A survey was made during the year and steps were taken by the Government to provide extra accommodation.

The Leper Hospital.

49. Many improvements were effected during the year under review. Facilities for recreation and exercise were provided, and the general atmosphere of a prison changed to that of a hospital. The Chief Medical Officer made a careful examination of the diet, and submitted recommendations to the Government which were readily approved of. A Committee, with the Chief Medical Officer as chairman was appointed by the Government to organise recreational facilities for the patients and give attention generally to their welfare.

50. An officer from the institution was sent to the Leper Settlement in Trinidad for training under Dr. Muir's direction. This should do much to institute and maintain efficient service among the staff. The resignation of the Senior Female Attendant after years of faithful service enabled the appointment of a fully qualified nurse to be made and this will also do much towards improvement in the nursing service.

The Prison Hospital.

51. The Prison Hospital was efficiently conducted during the year and the rate of sickness was 1.74 among males and .07 among females.

The Government Industrial Schools.

52. The health of the juveniles has been excellent under the efficient supervision of Mr. A. G. Kinch, the Superintendent, and Miss Clarke, the Matron.

Parochial Almshouses.

53. The eleven almshouses have been satisfactorily conducted and the Parochial Medical Officers have performed their duties efficiently. The almshouse in the parish of St. Peter, to which mention was made in last year's report, was inspected and plans made for its renovation.

Maternal and Child Welfare Clinics and Crèches.

54. The Children's Goodwill League carried on their good work during the year under the direction of Mr. John Beckles, M.B.E. The Crèche organised by this body is the only one in Barbados and is run on excellent lines. In addition to this work the League provides a hot meal for a limited number of school children daily. This organisation is to be commended and should receive the full support of the public.

55. The Baby Welfare League, with Mrs. Hanschell as President, continued to perform excellent work in looking after sick children. A certain amount of attention is paid to nutrition as milk is given free of charge to necessitous mothers for their infants. The late Dr. Stanley Branch gave years of splendid service to this organisation.

56. The Christ Church Baby Welfare League Clinic continued to function during the year and cared for 289 children per month. The work of all these private agencies in connection with the care of children is to be greatly commended.

57. The St. Lawrence Well Child Clinic did not function during the year owing to shortage of staff, but steps were taken to revive the organisation and re-open the clinic.

58. Special mention must be made of the arrangements effected in the parish of Christ Church by the Parochial Medical Officer, Dr. T. A. Herbert, in connection with maternal and child welfare. It is the only parish in the Colony in which organisation exists for ante-natal work and preventive measures in regard to children.

59. During the year under review a grant of twenty-four thousand pounds (£24,000) was obtained under the Colonial Development and Welfare Act for the purpose of establishing a maternity hospital in Bridgetown, the capital, where midwives can be efficiently trained. A suitable building was purchased and steps taken to obtain and train the necessary permanent staff. This hospital will be under the general direction of the Chief Medical Officer. There will be ante-natal and post-natal clinics organised in connection with this hospital. The need for such an institution will be obvious when it is realised that there have been no facilities for training midwives during the past twelve years, and previous to that the training given left much to be desired. A small number of enterprising nurses have been trained as midwives in Trinidad as a result of the interest and endeavours of the Barbados Nurses' Association.

The Venereal Disease Clinics.

60. The Venereal Disease Clinics continued to operate in the several parishes. They are really only stations where arsenicals, and in a few instances, bismuth are administered without any facilities for follow up or investigation

of contacts. The administration of these clinics is obscure, the only connecting link being reports rendered to the Board of Directors of the General Hospital among whom there are no public health officers.

Nursing Services.

61. The General Nursing Council continued to function during the year. Rules and regulations under the Midwives and Nurses Registration Act were presented for the approval of the Legislature, but no decision had been reached up to the end of the year.

62. The Barbados Nurses' Association received a grant under the Colonial Development and Welfare Act to make it possible for two district nurses to be appointed. The scheme was started during the year and has worked well. The two nurses work under the general supervision of the Chief Medical Officer. The work consists mainly of sick nursing to necessitous persons but more and more attention is being paid to the preventive aspect. The two nurses have entered their names for the course arranged for the Health Visitors' certificate of the Royal Sanitary Institute. The Barbados Nurses' Association performed many important duties during the year in connection with nursing and was of immense value not only to its members but to the community as a whole.

PART V. HYGIENE AND SANITATION.

(a) General Remarks.

63. The administrative organisation for dealing with sanitation remained, as in previous years, on a parochial basis. There continue to exist eleven independent public health authorities not integrated in any way and not under central control to any appreciable extent. Sanitary inspectors are employed by the various Commissioners of Health but they are not supervised in their work as there are no medical officers of health. The only parish that employs health nurses is the metropolitan parish of St. Michael which has six such nurses on its staff. However, the value of these nurses is doubtful as here again they work without supervision or direction. The picture that emerges is the same everywhere—good and conscientious personnel but defeated in their purpose and embarrassed in their actions by defective organisation.

63. The staff of sanitary inspectors of the General Board of Health continued to pay regular visits to the parishes and made reports on their inspections. These reports were, as is customary, forwarded to the Commissioners of Health of the particular parishes to which the reports referred. As will be noted from the above there is no lack of inspections and reports but there is a great lack of effective executive authority to enforce the required measures.

64. The Barbados Sanitary Inspectors' Association gave valuable assistance in health matters by organising lectures in the various parishes. The Association acts on a non-Government basis as a correlating agent for all sanitary staffs and is a most useful and progressive body.

65. During the year arrangements were completed by the Commissioners of Health for the parish of St. Michael for the scavenging of the parish which includes the City of Bridgetown. For some time the scavenging had been

inefficiently carried out and two strikes, among the contractor's labourers causing great inconvenience and danger to health, finally brought about the decision to have the work performed under the control of the Commissioners themselves as a departmental service.

(b) Elementary Schools.

66. No organised school medical service existed during the year, but treatment of children suffering from visual defects was carried out by Dr. C. H. St. John and dental service was given by Dr. C. Payne and Dr. F. M. O. Alleyne. Under this scheme fifty-two children were treated for visual defects. There were 9,833 extractions, 92 fillings and 182 treatments of gums.

67. The above services were satisfactorily performed by the officers concerned and should be regarded as an important contribution to the future health and welfare of the children. The school meal continued to consist of milk and biscuits. When it is realised that there is a shortage of the vitamin riboflavin in local diets, and definite signs and symptoms in school children of riboflavin deficiency, the value of the milk (the best source of riboflavin) will be more readily understood and appreciated. Unless and until it becomes possible to provide a hot meal rich in riboflavin and other vitamins of the B2 group, the milk should continue. Dr. B. S. Platt, after making a survey of school children and an examination of local diets, confirmed the above policy.

68. School buildings are far from satisfactory although some of the recently constructed ones meet modern requirements. Latrine accommodation and facilities for drinking water and washing are exceedingly defective, and in some instances disgraceful. The Director of Education is well aware of these defects and is doing all in his power to bring about improvements in these important matters of health and education in hygiene and sanitation.

(c) Health Education.

69. Pupils of elementary schools received the usual instruction in hygiene and sanitation from their school teachers. In this connection, the absence of school nurses makes practical instruction almost impossible and it is this aspect that needs stressing.

70. Lectures and talks were delivered by the Chief Medical Officer to selected groups throughout the year. Most of these were published by the Press and reached the population generally. During the outbreak of epidemic cerebrospinal meningitis the Chief Medical Officer gave three talks over Radio Distribution. This Service gave all co-operation possible and offered every facility during this difficult period.

(d) Housing.

71. The Housing Board continued to function during the year. Mention has already been made of the excellent survey carried out by the staff of the Board with the help of officers attached to the Development and Welfare Organisation on slum areas in the City of Bridgetown.

72. The report of the Housing Committee, to which reference was made in last year's report, was considered by the Government and legislation on an island-wide basis of a very comprehensive nature was prepared for introduction to the Legislature.

(e) Food in Relation to Health.

73. Mention has already been made under Part I, General Remarks, of the satisfactory conditions that prevailed throughout the year in regard to the quantity of food stocks. The diet of the mass of the population is in keeping with most tropical countries, that is, rich in carbohydrates and poor in first class proteins and leafy green vegetables. The rationing of rice continued throughout the year and resulted in an equitable distribution of this important food. The control of prices and subsidisation was also carried on and kept many staple foods within the purchasing power of the poorer classes.

74. The method of handling of food for distribution is very defective. The use of the central market for the sale of vegetables and fruit has not been enforced for some years with the result that large quantities of vegetables and other produce are placed on the pavements at many street corners and other points and offered for sale. This is not only grossly unhygienic from the point of view of contamination, but makes it very difficult to keep the streets of the city clean, thus causing the breeding of flies. A proposal to erect small markets at various points has not resulted in any action being taken. The sale of sweets and cakes, entirely unprotected in shops and in trays at street corners, also displays the lack of effective control measures.

75. A nutrition sub-committee was appointed under the chairmanship of the Chief Medical Officer to advise the Social Welfare Committee in matters concerning nutrition. Several meetings took place during the year but no concrete proposals were made because of the proposed visit of Dr. B. S. Platt, who advises the Secretary of State on nutrition. This visit took place near the end of the period under review and Dr. Platt's report is now awaited. As soon as this is received further meetings of the Nutrition Committee will take place and it will then be possible to forward definite proposals on nutritional policy for the consideration of the Government.

PART VI. TRAINING OF HEALTH PERSONAL.

76. Arrangements were completed during the year 1944-45 for an organised course of training for sanitary inspectors and health visitors to be held in the following year. These courses will prepare candidates for the certificates of the Royal Sanitary Institute and the local certificate issued by the General Board of Health. Thirty-seven candidates were enrolled for training as sanitary inspectors and thirty-four certified sanitary inspectors were listed for refresher courses, while the number to be trained as health visitors was eighteen, with five already certified for refresher courses.

77. A grant of fifty-five pounds was obtained under the Colonial Development and Welfare Act to assist in financing the training scheme which will consist of theoretical and practical work including demonstrations.

H. D. WEATHERHEAD,
Chief Medical Officer.

11th September, 1945.

APPENDIX I.

PAROCHIAL EXPENDITURE ON SANITATION FOR 1944-45

Parish			1944-45		
St. Michael	....	....	£18,303.	14.	9
Christ Church	....	....	2,813.	7.	2
St. George....	....	....	942.	3.	6
St. Philip ....	....	....	868.	18.	8½
St. John ....	....	....	555.	2.	6½
St. James ....	....	....	601.	9.	3
St. Thomas	....	....	402.	11.	4½
St. Peter ....	....	....	727.	14.	5½
St. Lucy ....	....	....	605.	6.	1
St. Joseph....	....	....	778.	8.	1½
St. Andrew	....	....	667.	18.	4
Total			£27,266. 14. 3½		

BARBADOS.

APPENDIX II

COST OF PAROCHIAL POOR LAW ADMINISTRATION, 1944—45

Parish	No. of persons who received any kind of Poor Relief	No. of persons who received Medical relief	No. of persons who received Cash relief	No. of persons who received Relief in Kind	No. of persons housed in Alms-house for non-Medical reasons (Destitute)	No. of persons who received Medical relief in Alms-house	No. of persons buried at Parish expense	Total cost of relief
St. Michael	5,774	3,784	2,098	864	390	1,129	232	£36,844 8 11
Ch. Church	2,561	2,132	429	3	79	70	14	4,927 15 0
St. George	976	630	336	4	71	394	16	3,504 1 7
St. Philip	1,933	1,658	596	10	31	317	21	5,411 5 7
St. John	2,026	1,957	172	73	34	234	23	2,788 8 6½
St. James	845	284	370	5	47	246	15	3,055 14 5½
St. Thomas	799	724	107	2	27	167	9	3,158 8 6
St. Peter	1,074	903	142	1	16	176	5	2,520 0 0
St. Lucy	646	340	341	1	20	148	21	3,287 0 3
St. Joseph	978	876	172	42	29	174	6	1,721 16 7½
St. Andrew	359	190	65	9	24	101	17	1,815 2 6½
Total	17,971	13,478	4,828	1,014	768	3,066	379	69,034 2 0

APPENDIX III.

The Annual Report of the Acting Port Health Officer for 1944.

Staff.

There has only been one change in the staff since the last Annual Report. Mr. H. B. DeC. Jordan was transferred and Mr. L. L. Austin was appointed in his place. Dr. A. G. Bancroft and Dr. A. L. Stuart continue to act as Port Health and Assistant Port Health Officers respectively.

Casual and vacation leave.

2. Dr. A. G. Bancroft was away on sixteen days vacation leave from 23rd May—30th May. Dr. A. L. Stuart and Dr. A. S. Cato acted as Port Health Officer and Assistant Port Health Officer respectively. Dr. A. L. Stuart went on two months vacation leave from the 31st of August—31st October. During this time Dr. A. S. Cato acted as Assistant Port Health Officer.

No. of Arrivals.

3. During the year 682 vessels arrived at Bridgetown and were boarded by the Port Health Officer and the Assistant Port Health Officer. (Please refer to Table "A" re Rig of vessels, of what nationality they were etc.). This year's arrivals show an increase of one hundred and seventy three as compared with those of the previous year. The following is a statement of the arrivals for the past five years including the year under review:—

Increase in Arrivals.

Year.					Arrivals.
1940	....	....	..	....	936
1941	....	....	....	....	781
1942	....	....	....	....	485
1943	....	....	....	....	509
1944	....	....	....	....	682

No. of planes and passengers.

4. This year saw the arrival of 922 B.W.I. Airways planes. 8,108 passengers arrived by air, and were inspected. 158 passengers were placed under medical surveillance. There were also 630 passengers intransit.

Arrivals from infected ports.

5. There were twelve arrivals from ports infected or suspected of being infected with quarantinable diseases.

Medical inspection carried out.

6. Medical inspection was carried out on passengers and crews of all ships that arrived from infected ports. There were also routine inspections of all 3rd class and deck passengers arriving at this port on steamships and also on passengers and crews of sailing vessels.

Total No. of crews for year.

7. The total number of crews of vessels, with the exception of warships, that arrived at the port of Bridgetown during the year was 9,681. Of these, 4,681 were medically inspected.

No. of passengers for Barbados.

8. The number of passengers who arrived for Barbados during the year was 4,321 3rd class and deck, 2 were 2nd class, and 18 1st class.

Intransit passengers.

9. The passengers intransit totalled 130. Of these 8 were 1st class, 122 3rd class and deck. There were no 2nd class passengers.

Passengers, stowaways and lunatics medically inspected.

10. The total number of passengers medically inspected was 2,515. There were also 17 stowaways and two lunatics who were medically inspected.

- | | |
|---|---|
| 11. During the year one person was placed under medical surveillance. | Passengers placed under medical surveillance. |
| 12. There were no vessels boarded at night for the purpose of allowing the Customs Authorities to seal the Wireless. | Vessels boarded to seal wireless. |
| 13. Twelve vessels were fumigated under Careenage Regulations free of charge during the year. Fifty-six rats were destroyed. | Fumigations. |
| 14. Quarantine measures were enforced throughout the year against Venezuela, Santo Domingo, Cuba, Haiti, Colombia, Brazil and the Argentine Republic. | Quarantine measures enforced. |
| 15. The total tonnage of vessels that arrived during the year is 241,068 (steamships being 210,442 and sailing vessels 30,626). | Tonnage. |

A. G. BANCROFT,
Acting Port Health Officer,
Barbados,
12th April, 1945.

TABLE "A."

Nationality	S. S.	Schooners	3 Mast Schooners	4 Mast Schooners	Sloops	Yachts	Tankers	Warships	Total
British	68	501	7	—	30	1	—	—	607
American	19	8	—	—	3	—	5	—	35
French	—	4	1	—	—	—	—	—	5
Norwegian	16	—	—	—	—	—	—	—	16
Spanish	1	—	—	—	—	—	—	—	1
Dutch	5	1	—	—	1	—	—	—	7
Argentine	1	—	—	—	—	—	—	—	1
Cuban	1	—	1	—	—	—	—	—	2
Panamanian	2	—	—	—	—	—	—	—	2
Venezuelan	—	—	—	—	—	—	4	—	4
Sweedish	1	—	—	—	—	—	—	—	1
Polish	1	—	—	—	—	—	—	—	1
	115	514	9	—	34	1	9	—	682

APPENDIX IV.**SUMMARY OF WORK DONE BY INSPECTING FIELD FORCE
FOR THE YEAR 1944-45****(a) Inspections:—**

Houses inspected	....	....	....	....	....	24,600
Water Closets	....	....	....	....	....	2,318
Pit Closets	....	....	....	....	....	13,919
Pail Closets	....	....	....	....	....	2,698
Pails or Buckets	....	....	....	....	....	1,549
Pit Holes	....	....	....	....	....	4,417
Privy middens	....	....	....	....	....	185
Using in common	....	....	....	....	....	1,684
Premises keeping animals	....	....	....	....	....	5,550
Urinals to stables	....	....	....	....	....	1,607
Manure heaps	....	....	....	....	....	1,188
Water receptacles	....	....	....	....	....	3,980
Surface wells	....	....	....	....	....	202

(b) Nuisances:—

Full pit closets	....	....	....	....	....	271
Insanitary pit closets	....	....	....	....	....	20
Full and/or insanitary pails	....	....	....	....	....	344
Full and/or insanitary pit holes	....	....	....	....	....	127
Insanitary privy middens	....	....	....	....	....	44
Premises with no sanitary arrangements	....	....	....	....	....	166
Premises with disused tins, bottles, etc.	....	....	....	....	....	514
Structurally defective latrines	....	....	....	....	....	1,108
Manure heaps breeding flies	....	....	....	....	....	584
No. of premises on which mosquitoes were found breeding	....	....	....	....	....	617
Premises keeping animals contrary to the bye-laws	....	....	....	....	....	134
Total number of nuisances						2,929

Rat Destruction.

Poisonous bait set	....	....	....	....	....	36,813
No. of rats destroyed, trapped and found poisoned	....	....	....	....	....	6,902
No. of mice destroyed, trapped and found poisoned	....	....	....	....	....	1,433

APPENDIX V

CAUSES OF DEATHS ARRANGED IN PARISHES, REGISTERED IN THE ISLAND DURING 1944

Diseases		NUMBER REGISTERED IN																								TOTAL	
		St. Michael		X. Church		St. George		St. Philip		St. John		St. James		St. Thomas		St. Peter		St. Lucy		St. Joseph		St. Andrew					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
I	Infectious and Parasitic Diseases	144	142	16	27	17	9	22	31	20	16	11	15	7	6	10	9	6	14	7	3	4	273	545			
II	Cancer and Other Tumours	23	64	2	13	—	6	2	10	1	7	3	4	1	2	1	4	3	3	—	—	—	37	155			
III	Rheumatic Diseases, Diseases of Nutrition and of Endocrine Glands and Other General Diseases	13	35	4	5	4	1	—	—	8	6	—	3	—	1	—	—	3	—	—	—	2	29	88			
IV	Diseases of the Blood and Haematopoietic Organs	—	1	1	—	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	4	6				
V	Chronic Poisonings and Intoxications	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1				
VI	Diseases of the Nervous System and Organs of Special Sense	44	71	7	21	8	8	5	14	1	4	4	16	4	7	4	6	3	16	1	5	3	86	257			
VII	Diseases of the Circulatory System	67	78	11	5	4	17	5	10	10	15	9	14	1	5	10	21	2	16	7	4	3	130	323			
VIII	Diseases of the Respiratory System	77	65	6	3	12	7	2	9	8	5	12	12	19	15	13	11	8	12	5	7	8	175	323			
IX	Diseases of the Digestive System	73	63	9	7	10	13	20	13	15	10	24	29	5	8	15	13	13	12	11	9	4	199	384			
X	Diseases of the Genito-Urinary System	86	74	7	3	4	5	3	4	3	2	13	2	7	8	3	6	2	2	1	4	4	133	251			
XI	Pregnancy, Labour and Puerperal State	—	28	—	2	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	35			
XII	Diseases of the skin and Cellular Tissue	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2				
XIII	Diseases of the Bones and Organs of Locomotion	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2				
XIV	Congenital Malformations	4	—	4	2	2	1	1	1	3	1	—	—	1	—	1	—	—	—	—	—	16	21				
XV	Early Infancy	92	78	19	17	31	22	16	12	12	5	20	20	20	23	18	18	22	15	24	16	15	290	532			
XVI	Senility	35	114	9	25	2	5	11	12	1	2	2	1	—	1	1	4	2	2	1	1	5	65	237			
XVII	Violent or Accidental Deaths	31	7	—	3	1	—	2	1	—	—	1	—	—	1	—	2	—	—	—	3	3	38	55			
XVIII	Causes of Deaths not determined	21	29	7	7	4	17	1	5	1	—	1	4	7	5	1	—	1	—	3	2	—	50	124			
	Total, All Groups	711	850	103	140	102	112	91	127	83	74	100	120	72	83	78	94	83	77	68	48	61	1,529	3,341			

APPENDIX VI.

CAUSES OF DEATHS ARRANGED IN AGE-GROUPS. REGISTERED IN THE ISLAND DURING 1944

REF. No. (1)	CAUSES OF DEATH (2)	Under one year	1 year and under 3 years	3 years and under 5 years	5 to 10	10 to 20	20 &c.	30 &c.	40 &c.	50 &c.	60 &c.	70 &c.	80 &c.	90 and over	Not stated	Total
I. INFECTIVE AND PARASITIC DISEASES																
1	Typhoid and paratyphoid fevers ...	—	1	—	2	10	3	2	4	—	—	—	—	—	—	22
2	Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Whooping Cough ...	18	1	—	—	—	—	—	—	—	—	—	—	—	—	19
5	Diphtheria ...	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2
6	Tuberculosis of the respiratory system ...	—	—	—	—	14	35	30	28	7	2	1	—	—	—	117
7	All other forms of tuberculosis ...	—	1	—	—	3	2	1	2	1	—	—	—	—	—	10
8	Purulent infection and septicaemia (non-puerperal) ...	1	—	—	1	—	—	2	—	1	1	1	—	—	—	7
9	Dysentery ...	8	2	—	—	—	—	—	—	2	1	2	—	—	—	15
10	Malaria ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
11	Syphilis ...	98	27	—	—	2	2	26	27	14	17	7	—	—	—	220
12	Influenza ...	6	2	—	—	—	1	—	3	3	2	1	2	—	—	20
13	Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles ...	7	9	1	—	1	—	—	—	—	—	—	—	—	—	18
15	Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Diseases due to helminths ...	2	3	1	1	—	—	—	—	—	1	3	1	—	—	12
17	Other infective or parasitic diseases:—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a)	Tetanus ...	28	—	1	2	2	2	1	1	3	2	—	—	—	—	42
(b)	Leprosy ...	—	—	—	—	—	1	2	—	—	—	—	—	—	—	3
(c)	Cerebro-spinal (Meningococcal) Meningitis ...	—	—	1	—	1	2	1	—	—	—	—	—	—	—	5
(d)	Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e)	Other non-specified parasitic diseases ...	2	—	—	—	4	5	5	13	1	1	1	—	—	—	32
	Total, Group I. ...	170	46	5	7	37	52	69	80	33	27	16	3	—	—	545
II. CANCER AND OTHER TUMOURS																
18	Cancer and other malignant tumours of the buccal cavity and pharynx ...	—	—	—	—	—	—	—	2	3	1	2	—	—	—	8
19	Cancer and other malignant tumours of the digestive organs and peritoneum ...	—	—	—	—	—	—	—	6	9	10	17	6	—	—	48
20	Cancer and other malignant tumours of the respiratory system ...	—	—	—	—	—	—	—	—	6	1	1	—	—	—	8
21	Cancer and other malignant tumours of the ureter ...	—	—	—	—	—	—	—	9	14	17	5	2	—	—	47
22	Cancer and other malignant tumours of the breast ...	—	—	—	—	—	—	1	3	3	2	2	3	—	—	14
23	Cancer and other malignant tumours of other or unspecified organs ...	—	—	—	—	—	—	2	2	4	6	7	2	—	—	23
24	Non-malignant tumour or tumours of undetermined nature ...	—	—	—	—	—	2	1	2	1	1	—	—	—	—	7
	Total, Group II. ...	—	—	—	—	—	2	4	24	40	38	34	13	—	—	155

APPENDIX VI.—Continued

CAUSES OF DEATHS ARRANGED IN AGE-GROUPS, REGISTERED IN THE ISLAND DURING 1944

REF. No. (1)	CAUSES OF DEATH (2)	Under one year	1 year and under 3 years	3 years and under 5 years	5 to 10	10 to 20	20 &c.	30 &c.	40 &c.	50 &c.	60 &c.	70 &c.	80 &c.	90 and over	Not stated	Total
III. RHEUMATISM, DISEASES OF NUTRITION AND OF THE ENDOCRINE GLANDS, OTHER GENERAL DISEASES AND VITAMIN-DEFICIENCY DISEASES																
25	Rheumatic fever	—	—	—	1	2	—	—	1	1	—	—	—	—	—	5
26	Chronic rheumatism and gout	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
27	Diabetes mellitus	—	—	—	—	1	—	1	2	6	8	6	—	1	—	25
28	Diseases of the thyroid and parathyroid glands	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
29	Other general diseases	1	—	—	—	—	1	—	—	—	—	—	—	—	—	2
30	Vitamin-deficiency diseases	9	11	—	—	—	1	4	7	5	8	7	2	—	—	54
	Total, Group III.	10	11	—	1	3	2	6	10	12	17	13	2	1	—	88
IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS																
31	Pernicious and other anæmias	1	1	—	—	—	1	1	—	1	1	—	—	—	—	6
32	Leukæmias, aleukæmias and other diseases of the blood and blood-forming organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total, Group IV	1	1	—	—	—	1	1	—	1	1	—	—	—	—	6
V. CHRONIC POISONING AND INTOXICATION																
33	Chronic or acute alcoholism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
34	Other chronic poisonings	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total, Group V.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																
35	Non-meningococcal meningitis	3	1	—	—	—	1	4	2	1	—	—	—	—	—	12
36	Diseases of the medulla and spinal cord other than locomotor ataxia	—	—	—	—	—	—	1	—	2	—	—	—	—	—	3
37	Intra-cranial lesions of the vascular origin	1	—	—	—	—	3	8	26	39	49	66	27	4	—	223
38	Mental disorders and deficiency	—	—	—	—	—	1	1	—	1	—	—	—	—	—	3
39	Epilepsy	—	—	—	—	—	2	—	—	1	—	—	—	—	—	3
40	Other diseases of the nervous system	3	2	1	1	1	—	—	1	—	3	1	—	—	—	13
41	Diseases of the eye, ear and their annexa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total, Group VI.	7	3	1	1	1	7	14	29	44	52	67	27	4	—	257

APPENDIX VI.—Continued

CAUSES OF DEATHS ARRANGED IN AGE-GROUPS, REGISTERED IN THE ISLAND DURING 1944

REF. NO. (1)	CAUSES OF DEATH (2)	Under one year	1 year and under 3 years	3 years and under 5 years	5 to 10	10 to 20	20 &c.	30 &c.	40 &c.	50 &c.	60 &c.	70 &c.	80 &c.	90 and over	Not stated	Total
VII. DISEASES OF THE CIRCULATORY SYSTEM.																
42	Pericarditis (including chronic rheumatic pericarditis) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Chronic affections of the valves and endocardium ...	—	—	—	—	—	1	3	3	3	6	5	3	—	—	24
44	Diseases of the myocardium, including aneurysm of the heart ...	—	—	—	—	—	1	6	7	11	17	36	11	—	—	89
45	Diseases of the coronary arteries and angina pectoris ...	—	—	—	—	—	—	—	2	1	2	1	2	—	—	8
46	Other diseases of the heart ...	—	—	—	—	—	—	6	8	9	18	23	8	1	—	73
47	Arteriosclerosis and gangrene ...	—	—	—	—	—	1	—	2	7	32	50	33	2	—	127
48	Other diseases of the circulatory system ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
	Total, Group VII ...	—	—	—	—	—	3	15	23	32	75	115	57	3	—	323
VIII. DISEASES OF THE RESPIRATORY SYSTEM.																
49	Bronchitis ...	28	13	1	—	3	—	—	2	4	2	—	—	—	—	53
50	Pneumonia and broncho-pneumonia ...	98	34	10	10	8	4	17	19	12	14	10	6	2	—	244
51	Pleurisy (non-tuberculous) ...	—	—	—	—	—	1	—	1	—	—	—	1	1	—	4
52	Other diseases of the respiratory system, (except tuberculosis) ...	10	5	—	—	—	—	2	—	1	2	2	—	—	—	22
	Total, Group VIII ...	136	52	11	10	11	5	19	22	17	18	12	7	3	—	323
IX. DISEASES OF THE DIGESTIVE SYSTEM.																
53	Ulcer of the stomach or duodenum ...	—	—	—	—	—	1	2	1	3	3	—	—	—	—	10
54	Diarrhoea and enteritis (under 2 years of age) ...	233	48	—	—	—	—	—	—	—	—	—	—	—	—	281
55	Diarrhoea, enteritis and ulceration of the intestines (2 years of age and over) ...	—	2	2	—	—	2	—	2	2	5	4	4	—	—	23
56	Appendicitis ...	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2
57	Hernia, intestinal obstruction ...	4	2	—	2	—	1	3	3	—	4	2	2	—	—	23
58	Cirrhosis of the liver ...	—	—	—	—	—	—	1	1	3	1	1	—	—	—	7
59	Other diseases of the liver and biliary passages, including biliary calculi ...	4	—	—	—	—	2	3	2	3	1	—	2	—	—	17
60	Other diseases of the digestive system ...	5	3	—	—	—	1	2	4	3	1	2	—	—	—	21
	Total, Group IX ...	240	55	2	2	—	7	12	14	14	15	9	8	—	—	384

[illegible]

APPENDIX VI.—Concluded

CAUSES OF DEATHS ARRANGED IN AGE-GROUPS, REGISTERED IN THE ISLAND DURING 1944

REF. NO. (1)	CAUSES OF DEATH (2)	Under one year	1 year and under 3 years	3 years and under 5 years	5 to 10	10 to 20	20 &c.	30 &c.	40 &c.	50 &c.	60 &c.	70 &c.	80 &c.	90 and over	Not Stated	Total
XVI. SENILITY, OLD AGE.																
80	Senility, old age ...	—	—	—	—	—	—	—	—	—	18	97	95	27	—	237
XVII. VIOLENT OR ACCIDENTAL DEATHS.																
81	Suicide ...	—	—	—	—	—	—	2	—	—	1	—	—	—	—	3
82	Homicide ...	—	—	—	—	—	3	—	—	1	—	—	—	—	—	4
83	Automobile accidents (all motor driven road vehicles) ...	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
84	Other violent or accidental deaths (automobile accidents excepted) ...	2	3	2	3	11	11	—	3	3	4	2	—	—	—	44
85	Deaths of persons in military service during—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
86	and of civilians due to operations of war	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Legal executions ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2
XVIII. ILL-DEFINED CAUSES OF DEATH.																
87	Causes of death unstated or ill-defined ...	3	40	3	—	3	2	5	8	8	11	25	14	2	—	124
TOTAL, ALL GROUPS. ...		1,014	336	27	30	77	116	184	247	246	319	456	245	43	1	3,341

APPENDIX VII.

Table showing a summary of the main causes of morbidity for which patients were treated at the Barbados General Hospital.

Diseases	Cases	Diseases	Cases
Abortion	120	Glaucoma	43
Abrasions	32	Haematoma	8
Abscesses	211	Hernia	194
Adenitis	19	Hydrocele	32
Adenoids	60	Jaundice	98
Anaemia	18	Marasmus	40
Appendicitis	305	Menorrhagia	36
Arthritis	26	Nephritis	91
Bronchitis	96	Neuritis	10
Broncho-pneumonia	17	Oedema	6
Burns	76	Orchitis	5
Carbuncle	15	Osteomyelitis	35
Cardiac Disease	89	Paraphimosis	7
Carcinoma	71	Pelvic Cellulitis	8
Cataract	70	Peritonitis	13
Cellulitis	115	Phimosis	3
Colic	26	Pleurisy	50
Colitis	18	Pneumonia	257
Conjunctivitis	34	Poisoning	31
Constipation	36	Pyrexia	15
Convulsions	18	Salpingitis	11
Cysts	50	Septicaemia	15
Diabetes	36	Stricture	28
Diarrhoea	25	Syphilis	52
Dysentery	15	Tetanus	39
Dysmenorrhoea	20	Tonsillitis	41
Endometritis	17	Toxaemia	80
Enteric Fever	43	Tuberculosis	23
Fibroid	165	Tumours	44
Fractures	205	Ulcers	143
Gangrene	55	Cerebrospinal meningitis	21
Gastro-Enteritis	21		

